2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 27, 2007 8:00 am Secretary of State DOCUMENT # N0000007466 1. Entity Name 03-27-2007 90003 033 ****61.25 CASTLE PINES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 21160 NW RESERVE PARK TRACE PORT SAINT LUCIE FL 34986 21045 COMMERCIAL TRAIL BOCA RATON FL 33486 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State 4. FEI Number Applied For 65-1075277 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISAACSON, WILLIAM K C/O LANG MANAGEMENT Street Addre 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 111 HITE 001 NAME DODEK, AARON NAM STREET ADDRESS 8344 MULLIGAN CIRCLE STREET ADORESS CHY-S1-7IP PORT SAINT LUCIE FL 34986 CHY-ST 7P IIILE TITLE Addition Detete NAMI CARTER, GARY NAMI STREET ADDRESS STREET LADORESS 8275 MULLIGAN CIRCLE PORT SAINT LUCIE FL 34986 CHY-SI-ZIP CHY ST 702 Addition HILE ☐ Delete 1004 NAMI GERHARDT, GILBERT NAM STREET ADORESS STREET ADDRESS 8224 MULLIGAN CIRCLE CHY ST-ZIP CHY ST 7IP PORT SAINT LUCIE FL 34986 DITTE ☐ Delete DIM ☐ Channe ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY SI-7IP CHY ST ZIP HILL ☐ Defete ЩЦ. ■ Addition NAMI NAMI STREET ADDRESS STREET LADDRESS CITY - ST- ZIP CITY ST 7/P HILL ☐ Defete BHE ☐ Change Addition NAMI NAM STREET ADDRESS STRITT ADDRESS CITY - ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Caytime Phone #